

# **Health and Recovery Services Administration (HRSA)**



# **Prosthetic and Orthotic Devices**

## **Billing Instructions**

**ProviderOne Readiness Edition**

**[Chapter 388-543 WAC]**

## About This Publication

This publication supersedes all previous Department/HRSA *Prosthetic & Orthotic Devices Billing Instructions* published by the Health and Recovery Services Administration, Washington State Department of Social and Health Services. The following programs have individual billing instructions:

- Nondurable Medical Supplies and Equipment (MSE)
- Medical Nutrition
- Infusion Therapy
- Prosthetic/Orthotic Devices and Supplies

**Note:** The Department now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

## Effective Date

The effective date of this publication is: **05/09/2010**.

## 2010 Revision History

This publication has been revised by:

Document	Subject	Issue Date	Pages Affected

## How Can I Get Department/HRSA Provider Documents?

To download and print Department/HRSA provider numbered memos and billing instructions, go to the Department/HRSA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).

# Table of Contents

---

<b>Important Contacts</b> .....	iii
<b>Definitions &amp; Abbreviations</b> .....	1
 <b>Section A: About the Program</b>	
What Is the Purpose of the Prosthetic and Orthotic Devices Program? .....	A.1
 <b>Section B: Client Eligibility</b>	
Who Is Eligible? .....	B.1
Third-Party Liability (TPL) .....	B.1
Are Clients Enrolled in Managed Care Eligible? .....	B.1
Are Clients Enrolled in Primary Care Case Management (PCCM) Eligible? .....	B.2
 <b>Section C: Coverage</b>	
What Is Covered? .....	C.1
What Are the General Conditions of Coverage? .....	C.1
What If a Service Is Covered but Considered Experimental or Has Restrictions or Limitations? .....	C.2
How Can I Request That Equipment/Supplies Be Added to the “Covered” List in These Billing Instructions? .....	C.3
What Is Not Covered? .....	C.3
 <b>Coverage Table</b> .....	C.5
 <b>Section D: Provider Requirements</b>	
What Is Required from the Department’s P&O Devices Providers? .....	D.1
Who Does the Department Reimburse for Providing P&O Devices and Related Supplies and Services to the Department Clients? .....	D.1
 <b>Section E: Authorization</b>	
What Is Prior Authorization? .....	E.1
Is Prior Authorization Required? .....	E.1
General Policies for Prior Authorization .....	E.2
What Is Expedited Prior Authorization? .....	E.4
EPA Criteria Coding Table .....	E.5

**Table of Contents (Cont.)**

**Section F: Reimbursement**

General Reimbursement for P&O Devices and Related Supplies  
and Services ..... F.1  
Specific Reimbursement for P&O Devices ..... F.2  
Purchased P&O Devices and Related Supplies ..... F.2  
Fee Schedule ..... F.3

**Section G: Billing and Claim Forms**

What Are the General Billing Requirements? .....G.1  
Completing the CMS-1500 Claim Form.....G.1  
How Do I Submit Professional Services on a CMS-1500 Claim Form  
For Medicare Crossovers? .....G.2  
What Does the Department Require from the Provider-Generated EOMB to  
Process a Crossover Claim? .....G.3

# Important Contacts

**Note:** This section contains important contact information relevant to wheelchairs, durable medical equipment, and supplies. For more contact information, see the Department/HRSA *Resources Available* web page at: [http://hrsa.dshs.wa.gov/Download/Resources\\_Available.html](http://hrsa.dshs.wa.gov/Download/Resources_Available.html)

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the Department/HRSA <i>Resources Available</i> web page at: <a href="http://hrsa.dshs.wa.gov/Download/Resources_Available.html">http://hrsa.dshs.wa.gov/Download/Resources_Available.html</a>
Finding out about payments, denials, claims processing, or Department managed care organizations	
Electronic or paper billing	
Finding Department documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Department managed care	
Requesting that equipment/supplies be added to the “covered” list in these billing instructions	1-800-562-3022 (phone) 1-866-668-1214 (fax)
Requesting prior authorization or a limitation extension	
Questions about the payment rate listed in the fee schedule	DME - Program Manager Professional Reimbursement PO Box 45510 Olympia, WA 98504-5510 1-360-753-9152 (fax)

# Definitions & Abbreviations

---

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Department/HRSA *ProviderOne Billing and Resource Guide* at: [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for a more complete list of definitions.

**Artificial limb** – See prosthetic device.  
[WAC 388-543-1000]

**Benefit Service Package** - A grouping of benefits or services applicable to a client or group of clients.

**By Report (BR)** – A method of reimbursement for covered items, procedures, and services for which the department has no set maximum allowable fees. [WAC 388-543-1000]

**Code of Federal Regulations (CFR)** - Rules adopted by the federal government.

**Date of Delivery** – The date the client actually took physical possession of an item or equipment. [WAC 388-543-1000]

**The Department** - The state Department of Social and Health Services.

**Expedited Prior Authorization (EPA)** – The process for obtaining authorization for selected durable medical equipment, and related supplies, prosthetics, orthotics, medical supplies and related services, in which providers use a set of numeric codes to indicate to the Department which acceptable indications/conditions/Department-defined criteria are applicable to a particular request for DME authorization. [WAC 388-543-1000]

**Fee-for-Service** – The general payment method the Department uses to reimburse for covered medical services provided to clients, except those services covered under the Department's prepaid managed care programs.  
[WAC 388-543-1000]

**Health Care Financing Administration Common Procedure Coding System (HCPCS)** – A coding system established by the Health Care Financing Administration to define services and procedures.  
[WAC 388-543-1000]

**Healthy Options** – The name of the Washington State, Department of Social & Health Services's managed care program.

**Limitation Extension (LE)** – A process for requesting and approving covered services and reimbursement that exceeds a coverage limitation (quantity, frequency, or duration) set in WAC, billing instructions, or numbered memoranda. Limitation extensions require prior authorization. [WAC 388-543-1000]

**Maximum Allowable** - The maximum dollar amount the Department will reimburse a provider for a specific service, supply, or piece of equipment.

**Medical Identification card(s)** – See *Services Card*.

**National Provider Identifier (NPI)** – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

**Orthotic Device or Orthotic** – A corrective or supportive device that:

- Prevents or corrects physical deformity or malfunction; or
- Supports a weak or deformed portion of the body. [WAC 388-543-1000]

**Plan of Care (POC)** – (Also known as “plan of treatment” [POT]) A written plan of care that is established and periodically reviewed and signed by both a physician and a home health agency provider, that describes the home health care to be provided at the client’s residence. [WAC 388-551-2010]

**Prior Authorization (PA)** – A process by which clients or providers must request and receive Department approval for certain medical equipment and related supplies, prosthetics, orthotics, medical supplies and related services, based on medical necessity, before the services are provided to clients, as a precondition for provider reimbursement. Expedited prior authorization and limitation extension are types of prior authorization. Also see WAC 388-501-0165. [WAC 388-543-1000]

**Prosthetic device or prosthetic** – A replacement, corrective, or supportive device prescribed by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice as defined by state law, to:

- Artificially replace a missing portion of the body;
- Prevent or correct physical deformity or malfunction; or

- Support a weak or deformed portion of the body. [WAC 388-543-1000]

**ProviderOne** – Department of Social and Health Services (the Department) primary provider payment processing system.

**ProviderOne Client ID-** A system-assigned number that uniquely identifies a single client within the ProviderOne system; the number consists of nine numeric characters followed by WA.

**For example:** 123456789WA.

**Resource Based Relative Value Scale (RBRVS)** – A scale that measures the relative value of a medical service or intervention, based on amount of physician resources involved. [WAC 388-543-1000]

**Revised Code Of Washington (RCW)** - Washington State laws.

**Services Card** – A plastic “swipe” card that the Department issues to each client on a “one- time basis.” Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client’s name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

**Taxonomy Code** - A unique, 10-digit, alphanumeric code that allows a provider to identify their specialty category. Providers applying for their NPI will be required to submit their taxonomy information. Providers may have one or more than one taxonomy associated to them. Taxonomy Codes can be found at <http://www.wpc-edi.com/codes/Codes.asp>.

**Usual and Customary Charge** – The amount the provider typically charges to 50% or more of his or her non-Medicaid clients, including clients with other third-party coverage. [WAC 388-543-1000]



# About the Program

---

## What Is the Purpose of the Prosthetic and Orthotic Devices Program? [Refer to WAC 388-543-1100]

The Department of Social & Health Services' (the Department) Prosthetic and Orthotic Devices (P&O) program makes accessible to eligible Department clients the purchase of medically necessary P&O and related supplies when they are not included in other reimbursement methodologies (e.g., inpatient hospital DRG, nursing facility daily rate, HMO, or managed health care programs). The federal government considers P&O and related supplies as optional services under the Medicaid program, except when:

- Prescribed as an integral part of an approved plan of treatment under the Home Health program; or
- Required under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

The Department may reduce or eliminate coverage for optional services, consistent with legislative appropriations.

# Client Eligibility

---

## Who Is Eligible? [Refer to Chapter 388-529 WAC]

Please see the Department/HRSA *ProviderOne Billing and Resource Guide* at: [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for instructions on how to verify a client's eligibility.

**Note:** Refer to the *Scope of Coverage Chart* web page at: <http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html> for an up-to-date listing of Benefit Service Packages.

## Third-Party Liability (TPL)

If the client has TPL coverage (excluding Medicare), prior authorization must still be obtained before providing any service requiring prior authorization.

## Are Clients Enrolled in Managed Care Eligible?

[Refer to WAC 388-538-060 and 095]

**YES!** When verifying eligibility using ProviderOne, if the client is enrolled in a Department managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen. All services must be requested directly through the client's Primary Care Provider (PCP). Clients can contact their managed care plan by calling the telephone number provided to them.

All medical services covered under a managed health care plan must be obtained by the client through designated facilities or providers. The managed care plan is responsible for:

- Payment of covered services; and
- Payment of services referred by a provider participating with the plan to an outside provider.

The Department does not cover P&O devices provided by a nonparticipating provider for a client who is enrolled in a Department-contracted managed care plan. [Refer to WAC 388-543-1400 [9)]

**Note:** To prevent billing denials, please check the client's eligibility prior to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the plan. See the Department/HRSA *ProviderOne Billing and Resource Guide* at: [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for instructions on how to verify a client's eligibility.

## Are Clients Enrolled in Primary Care Case Management (PCCM) Eligible?

For the client who has chosen to obtain care with a PCCM provider, this information will be displayed on the Client Benefit Inquiry screen in ProviderOne. These clients must obtain or be referred for services via a PCCM provider. The PCCM provider is responsible for coordination of care just like the PCP would be in a plan setting.

**Note:** To prevent billing denials, please check the client's eligibility prior to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the PCCM provider. Please see the Department/HRSA *ProviderOne Billing and Resource Guide* at: [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for instructions on how to verify a client's eligibility.

# Coverage

---

## What Is Covered? [Refer to WAC 388-543-1100]

- The Department of Social & Health Services (the Department) covers the P&O devices, repairs, and labor charges listed in the *Coverage Table* in these billing instructions.
- The Department covers a replacement prosthesis only when the purchase of a replacement prosthesis is less costly than repairing or modifying a client's current prosthesis.  
[WAC 388-543-2600[3]]

**Note:** Those HCPCS codes with a “#” symbol in the maximum allowable column of the fee schedule are not covered by the Department.

## What Are the General Conditions of Coverage?

[Refer to WAC 388-543-1100]

The Department covers the P&O devices listed in the *Coverage Table* in these billing instructions when all of the following apply. The P&O devices must be:

- Medically necessary. The provider or client must submit sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to, the following:
  - ✓ A physiological description of the client's disease, injury, impairment, or other ailment, and any changes in the client's condition written by the prescribing physician, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist; or
  - ✓ Video and/or photograph(s) of the client demonstrating the impairments and the client's ability to use the requested equipment, when applicable.
- Within the scope of an eligible client's **benefit service package** (see *Client Eligibility*);
- Within accepted medical or physical medicine community standards of practice;
- Prior authorized (see *Authorization*);

- Prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the Department is billed for co-pay and/or deductible only:

The prescriber must use the Health and Recovery Services Administration (HRSA) Prescription Form, DSHS 13-794, to write the prescription. The form is available for download at <http://www1.dshs.wa.gov/msa/forms/eforms.html>. The prescription (DSHS 13-794) must:

- ✓ Be signed and dated by the prescriber;
- ✓ Be no older than one year from the date the prescriber signs the prescription; and
- ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.

**Note:** The Department implemented the requirement of the prescription form for all new prescriptions effective March 1, 2008.

- Billed to the Department as the payer of last resort only. The Department does not pay first and then collect from Medicare.

**Note:** The Department evaluates By Report (BR) items, procedures, or services for medical appropriateness and reimbursement value on a case-by-case basis.

## **What If a Service Is Covered but Considered Experimental or Has Restrictions or Limitations?**

[Refer to WAC 388-543-1100 [3] and [4]]

- The Department evaluates a request for a service that is in a covered category, but has been determined to be experimental or investigational as defined by WAC 388-531-0050, under the provisions of WAC 388-501-0165 which relate to medical necessity.
- The Department evaluates a request for a covered service that is subject to limitations or other restrictions and approves such a service beyond those limitations or restrictions when medically necessary, under the standards for covered services in WAC 388-501-0165 (see page F.3 for limitation extensions).

## How Can I Request That Equipment/Supplies Be Added to the “Covered” List in These Billing Instructions?

[WAC 388-543-1100 [7]]

An interested party may request the Department to include new P&O devices and related supplies and services in these billing instructions by sending a written request to the Department’s DME Authorization Unit (see *Important Contacts* section), plus all of the following:

- Manufacturer’s literature;
- Manufacturer’s pricing;
- Clinical research/case studies (including FDA approval, if required); and
- Any additional information the requestor feels is important.

## What Is Not Covered? [Refer to WAC 388-543-1300]

The Department pays only for P&O devices and related supplies and services that are medically necessary, listed as covered, meet the definition of prosthetics and orthotics (see *Definitions*), and prescribed per the provider requirements in this billing instruction (see *Provider Requirements*).

The Department considers all requests for covered P&O devices and related supplies and services, and noncovered P&O devices and related supplies and services, under the provisions of WAC 388-501-0165 which relate to medical necessity. When The Department considers that a request does not meet the requirements for medical necessity, the definition(s) of covered item(s), or is not covered, the client may appeal that decision under the provisions of WAC 388-501-0165.

The Department specifically excludes services and equipment in this billing instruction from fee-for-service (FFS) scope of coverage when the services and equipment do not meet the definition for a covered item, or the services are not typically medically necessary. This exclusion does not apply if the services and equipment are:

- Required under the EPSDT program;
- Included as part of a managed care plan service package;
- Included in a waived program; or
- Part of one of the Medicare programs for qualified Medicare beneficiaries.

**Services and equipment that are not covered include, but are not limited to:**

- Services, procedures, devices, or the application of associated services that the Food and Drug Administration (FDA) and/or the Centers for Medicare and Medicaid Services (CMS) (formerly known as Health Care Financing Administration [HCFA]) consider investigative or experimental on the date the services are provided;
- Any service specifically excluded by statute;
- More costly services or equipment when the Department determines that less costly, equally effective services or equipment are available;
- Hairpieces or wigs;
- Material or services covered under manufacturer's warranties;
- Procedures, prosthetics, or supplies related to gender dysphoria surgery;
- Shoe lifts less than one inch, arch supports, and nonorthopedic shoes;
- Supplies and equipment used during a physician office visit, such as tongue depressors and surgical gloves;
- Prosthetic devices dispensed for cosmetic reasons;
- Personal and comfort items that do not meet the definition of a prosthetic or orthotic device (see *Definitions*), including, but not limited to, the following:
  - ✓ Clothing and accessories, such as coats, gloves (including wheelchair gloves), hats, scarves, slippers, and socks;
  - ✓ Cosmetics, including corrective formulations, hair depilatories, and products for skin bleaching, commercial sun screens, and tanning; and
  - ✓ Impotence devices;

**Note:** The Department evaluates a request for any equipment or devices that are listed as noncovered in this billing instruction under the provisions of WAC 388-501-0165. (Refer to WAC 388-543-1100[2])

# Coverage Table

Column	Abbreviation	Definition
Code Status Indicators	#	Non-covered item
	N	New
	D	Discontinued
	U	Update
	P	Policy Change
PA	Y	Requires Prior Authorization
PA	Y*	Requires Prior Authorization for clients 17 years of age and older
Lic (License)	Y	Licensure required
Lic (License)	Y**	Licensure required if prescribing treatment of scoliosis
Lic (License)	***	The item can be provided by a DME or Pharmacy provider as long as other licensure requirements have been met

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
#	A4280			Adhesive skin support attachment for use with external breast prosthesis, each	
	A5500			For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	
	A5501			For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	
	A5503			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe	
	A5504			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedges, per shoe	
	A5505			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	
	A5506			For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	
	A5507	Y		For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay or custom molded shoe, per shoe	



## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
#	A5508			For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	
#	A5510			For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s) prefabricated, per shoe	
	A5512			For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	
	A5513			For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each	
#	E1800			Dynamic adjustable elbow extension/flexion device, includes soft interface material	
#	E1801			Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories.	
#	E1802			Dynamic adjustable forearm pronation/supination device, includes soft interface material	
#	E1805			Dynamic adjustable wrist extension/flexion device, includes soft interface material	
#	E1806			Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories.	
#	E1810			Dynamic adjustable knee extension/flexion device, includes soft interface material	
#	E1811			Static progressive stretch knee device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories.	
#	E1815			Dynamic adjustable ankle extension/flexion, includes soft interface material	
#	E1816			Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories.	
#	E1818			Bi-directional progressive stretch forearm	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				pronation/supination device with range of motion adjustment, includes cuffs	
#	E1820			Replacement soft interface material, dynamic adjustable extension/flexion device	
#	E1821			Replacement soft interface material/cuffs for bi-directional static progressive stretch device	
#	E1825			Dynamic adjustable finger extension/flexion device, includes soft interface material	
#	E1830			Dynamic adjustable toe extension/flexion device, includes soft interface material	
#	E1840			Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	
#	E1841			Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories.	
D	L0100	Y	Y	Cranial orthosis (helmet), with or without soft interface, molded to patient model Discontinued effective 1/1/07.	
D	L0110		***	Cranial orthosis (helmet), with or without soft interface, non-molded Discontinued effective 1/1/07.	
	L0112	Y	Y	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	
	L0120		***	Cervical, flexible, nonadjustable (foam collar)	
	L0130		Y	Cervical, flexible, thermoplastic collar, molded to patient	
	L0140		***	Cervical, semi-rigid, adjustable (plastic collar)	
	L0150		***	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	
	L0160			Cervical, semi-rigid, wire frame occipital/mandibular support	
	L0170	Y	Y	Cervical, collar, molded to patient model	
	L0172		***	Cervical, collar, semi-rigid thermoplastic foam, two piece	
	L0174		***	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	
	L0180			Cervical, multiple post collar, occipital/mandibular supports, adjustable	
	L0190			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	
	L0200			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				extension	
	L0210		***	Thoracic, rib belt	
	L0220		***	Thoracic, rib belt, custom fabricated	
	L0430	Y	Y**	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only)	
	L0450		Y**	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	
	L0452	Y		TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	
	L0454		Y**	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	
	L0456		Y**	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment	
	L0458		Y	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment	
	L0460		Y	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				liner, restricts gross trunk motion in the sagittal, coronal, and tranverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment	
	L0462		Y	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, including fitting and adjustment	
	L0464		Y	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and tranverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	
	L0466		Y	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	
	L0468		Y**	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes filling and adjustment	
	L0470		Y**	TLSO, triplanar-control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extentions,	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce the load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	
	L0472		Y**	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	
	L0474	Y	Y**	TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of the LS region, includes straps and closures, prefabricated, includes fitting and adjustment	
	L0480	Y	Y	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
	L0482	Y	Y	TLSO, triplanar control, one piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
	L0484	Y	Y	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
	L0486	Y	Y	TLSO, triplanar control, two piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
	L0490		Y**	TLSO, sagittal-coronal control, one piece rigid plastic shell with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	
	L0491		Y	TLSO, Sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction area	
	L0492		Y	TLSO, Sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction	
	L0621		Y**	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	
	L0622		Y** ***	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may included pendulous abdomen design, custom fabricated	
	L0623	Y	Y** ***	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	
	L0624	Y	Y**	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint,	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				includes straps, closures, may include pendulous abdomen design, custom fabricated	
	L0625		Y** ***	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L - 5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment	
	L0626		Y** ***	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	
	L0627		Y **/**	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	
	L0628		Y**/* **	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	
	L0629	Y	Y **/**	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	
	L0630		Y **/**	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	
	L0631		Y**	Lumbar-sacral orthosis, sagittal-coronal control,	



## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	
	L0632	Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	
	L0633		Y**/* **	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/Panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	
	L0634	Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/Panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	
	L0635	Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	
	L0636	Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure	



## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	
	L0637	Y	Y**	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	
	L0638	Y	Y	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	
	L0639		Y**	Lumbar-sacral orthosis, sagittal-control, rigid shell(s)/panel(s) posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	
	L0640	Y	Y**	Lumbar-sacral orthosis, sagittal-control, rigid shell(s)/panel(s) posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	
	L0700	Y	Y	CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type)	
	L0710	Y	Y	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	
	L0810		Y	Halo procedure, cervical halo incorporated into	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				jacket vest	
	L0820		Y	Halo procedure, cervical halo incorporated into plaster body jacket	
	L0830	Y	Y	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	
	L0859		Y	Addition to halo procedures, magnetic resonance image compatible system	
	L0861	Y	Y	Addition to halo procedure, replacement liner/interface material	
	L0970		Y** ***	TLSO, corset front	
	L0972		Y**	LSO, corset front	
	L0974		Y**	TLSO, full corset	
	L0976		Y **/**	LSO, full corset	
	L0978		***	Axillary crutch extension	
	L0980		***	Peroneal straps, pair	
	L0982		***	Stocking supporter grips, set of four (4)	
	L0984	Y	***	Protective body sock, each	
	L0999	Y		Addition to spinal orthosis, not otherwise specified	
	L1000	Y*	Y	CTLTO (Milwaukee), inclusive of furnishing initial orthosis, including model	
	L1001	Y	Y**	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	
	L1005	Y	Y	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	
	L1010		Y	Addition to CTLTO or scoliosis orthosis, axilla sling	
	L1020		Y	Addition to CTLTO or scoliosis orthosis, kyphosis pad	
	L1025		Y	Addition to CTLTO or scoliosis orthosis, kyphosis pad, floating	
	L1030		Y	Addition to CTLTO or scoliosis orthosis, lumbar bolster pad	
	L1040		Y	Addition to CTLTO or scoliosis orthosis, lumbar or lumbar rib pad	
	L1050		Y	Addition to CTLTO or scoliosis orthosis, sternal pad	
	L1060		Y	Addition to CTLTO or scoliosis orthosis, thoracic pad	
	L1070		Y	Addition to CTLTO or scoliosis orthosis, trapezius sling	
	L1080		Y	Addition to CTLTO or scoliosis orthosis, outrigger	
	L1085		Y	Addition to CTLTO or scoliosis orthosis, outrigger,	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				bilateral with vertical extensions	
	L1090		Y	Addition to CTLSO or scoliosis orthosis, lumbar sling	
	L1100		Y	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	
	L1110	Y*	Y	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	
	L1120	Y*	Y	Addition to CTLSO or scoliosis orthosis, cover for upright, each	
	L1200	Y*	Y	TLSO, inclusive of furnishing initial orthosis only	
	L1210		Y	Addition to TLSO, (low profile), lateral thoracic extension	
	L1220		Y	Addition to TLSO, (low profile), anterior thoracic extension	
	L1230		Y	Addition to TLSO, (low profile), Milwaukee type superstructure	
	L1240		Y	Addition to TLSO, (low profile), lumbar derotation pad	
	L1250		Y	Addition to TLSO, (low profile), anterior ASIS pad	
	L1260		Y	Addition to TLSO, (low profile), anterior thoracic derotation pad	
	L1270		Y	Addition to TLSO, (low profile), abdominal pad	
	L1280		Y	Addition to TLSO, (low profile), rib gusset (elastic), each	
	L1290		Y	Addition to TLSO, (low profile), lateral trochanteric pad	
	L1300	Y*	Y	Other scoliosis procedure, body jacket molded to patient model	
	L1310	Y*	Y	Other scoliosis procedures, postoperative body jacket	
	L1499	Y	Y	Spinal orthosis, not otherwise specified	
	L1500	Y		THKAO, mobility frame (Newington, Parapodium types)	
	L1510			THKAO, standing frame; with or without tray accessories	Limit of one per client every 5 years.
	L1520	Y		THKAO, swivel walker	
	L1600			HO, abduction control of hip joints, flexible, Frejka type, with cover, prefabricated, includes fitting and adjustment	
	L1610			HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	
	L1620			HO, abduction control of hip joints, flexible, (Pavlik Harness), prefabricated, includes fitting and	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				adjustment	
	L1630		Y	HO, abduction control of hip joints, semi-flexible (Von Rosen type), prefabricated, includes fitting and adjustment	
	L1640		Y	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	
	L1650			HO, abduction control of hip joints, static, adjustable, (Ilfled type), prefabricated, includes fitting and adjustment	
	L1652			Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	
	L1660			HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	
	L1680		Y	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	
	L1685		Y	HO, abduction control of hip joint, postoperative hip abduction type, custom fabricated	
	L1686		Y	HO, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	
	L1690	Y	Y	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	
	L1700	Y	Y	Legg Perthes orthosis (Toronto type), custom fabricated	
	L1710	Y	Y	Legg Perthes orthosis (Newington type), custom fabricated	
	L1720	Y	Y	Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated	
	L1730		Y	Legg Perthes orthosis (Scottish Rite type), custom fabricated	
	L1755	Y	Y	Legg Perthes orthosis (Patten bottom type), custom fabricated	
	L1800		***	KO, elastic with stays, prefabricated, includes fitting and adjustment	
	L1810		***	KO, elastic with joints, prefabricated, includes fitting and adjustment	
	L1815		***	KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	
	L1820		***	KO, elastic with condylar pads and joints, prefabricated, includes fitting and adjustment	
	L1825		***	KO, elastic knee cap, prefabricated, includes fitting	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				and adjustment	
	L1830		***	KO, Immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	
	L1831			Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	
	L1832			KO, adjustable knee joints (Unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	
	L1834	Y	Y	KO, without knee joints, rigid, custom fabricated	
	L1836			Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	
	L1840		Y	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	
	L1843			KO, single upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, prefabricated, includes fitting and adjustment	
	L1844	Y		KO, single upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, custom fabricated	
	L1845			KO, double upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, prefabricated, includes fitting and adjustment	
	L1846	Y	Y	KO, double upright, thigh and calf, with adjustable flexion and extension joint (Unicentric or polycentric), medial-lateral and rotation control, custom fabricated	
	L1847			KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment	
	L1850			KO, Swedish type, prefabricated, includes fitting and adjustment	
	L1860	Y	Y	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	
	L1900		Y	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	
	L1901		***	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	
	L1902		***	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	
	L1904		Y	AFO, molded ankle gauntlet, custom fabricated	
	L1906		***	AFO, multiligamentous ankle support, prefabricated,	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				includes fitting and adjustment	
	L1907		Y	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	
	L1910			AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	
	L1920		Y	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	
	L1930			Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment	
	L1932			AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	
	L1940		Y	Ankle foot orthosis, plastic or other material, custom fabricated	
	L1945	Y	Y	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	See EPA criteria, pages E.5-E.7.
	L1950	Y	Y	AFO, spiral, (IRM type), plastic, custom fabricated	
	L1951	Y	Y	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	
	L1960		Y	AFO, posterior solid ankle, plastic, custom fabricated	
	L1970		Y	AFO, plastic, with ankle joint, custom fabricated	
	L1971	Y	Y	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	
	L1980		Y	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated	
	L1990		Y	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated	
	L2000		Y	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated	
	L2005	Y	Y	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated	
	L2010		Y	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated	
	L2020		Y	KAFO, double upright, free knee, free ankle, solid	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				stirrup, thigh and calf bands/cuffs (double bar “AK” orthosis), custom fabricated	
	L2030		Y	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar “AK” orthosis), without knee joint, custom fabricated	
	L2034	Y	Y	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion	
	L2035			KAFO, full plastic, static, (pediatric size), prefabricated, includes fitting and adjustment	
	L2036	Y	Y	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	
	L2037	Y	Y	KAFO, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	
	L2038	Y	Y	KAFO, full plastic, with or without free motion knee, with or without free motion ankle, multiaxis ankle, (Lively orthosis or equal), custom fabricated	
	L2040		Y	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	
	L2050		Y	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	
	L2060		Y	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	
	L2070		Y	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	
	L2080		Y	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	
	L2090		Y	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	
	L2106		Y	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	
	L2108	Y	Y	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	
	L2112			AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	
	L2114			AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	
	L2116			AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	
	L2126	Y	Y	KAFO, fracture orthosis, femoral fracture cast	



## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				orthosis, thermoplastic type casting material, custom fabricated	
	L2128	Y	Y	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	
	L2132			KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	
	L2134			KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	
	L2136			KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	
	L2180			Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	
	L2182			Addition to lower extremity fracture orthosis, drop lock knee joint	
	L2184			Addition to lower extremity fracture orthosis, limited motion knee joint	
	L2186			Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	
	L2188			Addition to lower extremity fracture orthosis, quadrilateral brim	
	L2190			Addition to lower extremity fracture orthosis, waist belt	
	L2192			Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	
	L2200			Addition to lower extremity, limited ankle motion, each joint	
	L2210			Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	
	L2220			Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	
	L2230			Addition to lower extremity, split flat caliper stirrups and plate attachment	
	L2232	Y	Y	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	
	L2240			Addition to lower extremity, round caliper and plate attachment	
	L2250			Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	
	L2260			Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	
	L2265			Addition to lower extremity, long tongue stirrup	



## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L2270			Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	
	L2275			Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	
	L2280		Y	Addition to lower extremity, molded inner boot	
	L2300			Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	
	L2310			Addition to lower extremity, abduction bar, straight	
	L2320			Addition to lower extremity, nonmolded lacer	
	L2330		Y	Addition to lower extremity, lacer molded to patient model	
	L2335			Addition to lower extremity, anterior swing band	
	L2340		Y	Addition to lower extremity, pretibial shell, molded to patient model	
	L2350		Y	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthoses)	
	L2360			Addition to lower extremity, extended steel shank	
	L2370			Addition to lower extremity, Patten bottom	
	L2375			Addition to lower extremity, torsion control, ankle joint and half solid stirrup	
	L2380			Addition to lower extremity, torsion control, straight knee joint, each joint	
	L2385			Addition to lower extremity, straight knee joint, heavy duty, each joint	
	L2387	Y		Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	
	L2390			Addition to lower extremity, offset knee joint, each joint	
	L2395			Addition to lower extremity, offset knee joint, heavy duty, each joint	
	L2397			Addition to lower extremity orthosis, suspension sleeve	
	L2405			Addition to knee joint, drop lock, each.	
	L2415			Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	
	L2425			Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	
	L2430			Addition to knee joint, ratchet lock for active and progressive extension, each joint	
	L2492			Addition to knee joint, lift loop for drop lock ring	
	L2500			Addition to lower extremity, thigh/weight bearing,	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				gluteal/ischial weight bearing, ring	
	L2510		Y	Addition to lower extremity, thigh/weight bearing, quadric-lateral brim, molded to patient model	
	L2520			Addition to lower extremity, thigh/weight bearing, quadric-lateral brim, custom fitted	
	L2525	Y	Y	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	
	L2526			Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	
	L2530			Addition to lower extremity, thigh/weight bearing, lacer, nonmolded	
	L2540		Y	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	
	L2550			Addition to lower extremity, thigh/weight bearing, high roll cuff	
	L2570			Addition to lower extremity, pelvic control, hip joint Clevis type, two position joint, each	
	L2580			Addition to lower extremity, pelvic control, pelvic sling	
	L2600			Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	
	L2610			Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	
	L2620			Addition to lower extremity, pelvic control, hip joint, heavy-duty, each	
	L2622			Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	
	L2624			Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	
	L2627	Y	Y	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	
	L2628	Y		Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	
	L2630			Addition to lower extremity, pelvic control, band and belt, unilateral	
	L2640			Addition to lower extremity, pelvic control, band and belt, bilateral	
	L2650			Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	
	L2660			Addition to lower extremity, thoracic control, thoracic band	
	L2670			Addition to lower extremity, thoracic control,	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				paraspinal uprights	
	L2680			Addition to lower extremity, thoracic control, lateral support uprights	
	L2750		Y	Addition to lower extremity orthosis, plating chrome or nickel, per bar	
	L2755		Y	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment	
	L2760			Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	
	L2768	Y	Y	Orthotic side bar disconnect device, per bar	
	L2770		Y	Addition to lower extremity orthosis, any material, per bar or joint	
	L2780		Y	Addition to lower extremity orthosis, noncorrosive finish, per bar	
	L2785			Addition to lower extremity orthosis, drop lock retainer, each	
	L2795			Addition to lower extremity orthosis, knee control, full kneecap	
	L2800			Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull	
	L2810			Addition to lower extremity orthosis, knee control, condylar pad	
	L2820		Y	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	
	L2830		Y	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	
	L2840			Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	
	L2850			Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	
#	L2860			Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each	
	L2999	Y	Y	Lower extremity orthoses, not otherwise specified	
	L3000	Y		Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each	See EPA criteria, pages E.5-E.7.
#	L3001			Foot insert, removable, molded to patient model, Spenco, each.	
#	L3002			Foot insert, removable, molded to patient model, Plastazote or equal, each	
#	L3003			Foot insert, removable, molded to patient model, silicone gel, each	
#	L3010			Foot insert, removable, molded to patient model, longitudinal arch support, each	
#	L3020			Foot insert, removable, molded to patient model,	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				longitudinal/metatarsal support, each	
	L3030	Y		Foot insert, removable, formed to patient foot, each	See EPA Criteria, pages E.5-E.7.
	L3031	Y		Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	
#	L3040			Foot, arch support, removable, premolded, longitudinal, each	
#	L3050			Foot, arch support, removable, premolded, metatarsal, each	
#	L3060			Foot, arch support, removable, premolded longitudinal/metatarsal, each	
#	L3070			Foot, arch support, nonremovable, attached to shoe, longitudinal, each	
#	L3080			Foot, arch support, nonremovable, attached to shoe, metatarsal, each	
#	L3090			Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each	
	L3100			Hallus-Valgus night dynamic splint	
	L3140			Foot, abduction rotation bar, including shoes	
	L3150			Foot, abduction rotation bar, without shoes	
#	L3160			Foot, adjustable shoe-styled positioning device	
	L3170	Y		Foot, plastic, silicone or equal, heel stabilizer, each.	
#	L3201			Orthopedic shoe, oxford with supinator or pronator, infant	
#	L3202			Orthopedic shoe, oxford with supinator or pronator, child	
#	L3203			Orthopedic shoe, oxford with supinator or pronator, junior	
#	L3204			Orthopedic shoe, hightop with supinator or pronator, infant	
#	L3206			Orthopedic shoe, hightop with supinator or pronator, child	
#	L3207			Orthopedic shoe, hightop with supinator or pronator, junior	
#	L3208			Surgical boot, each, infant	
#	L3209			Surgical boot, each, child	
#	L3211			Surgical boot, each, junior	
#	L3212			Benesch boot, pair, infant	
#	L3213			Benesch boot, pair, child	
#	L3214			Benesch boot, pair, junior	
	L3215	Y		Orthopedic footwear, ladies shoe, oxford, each	See EPA criteria, pages E.5-E.7.
#	L3216			Orthopedic footwear, ladies shoe, depth inlay, each	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
#	L3217			Orthopedic footwear, ladies shoe, hightop, depth inlay, each	
	L3219	Y		Orthopedic footwear, mens shoe, oxford, each	See EPA criteria, pages E.5-E.7.
#	L3221			Orthopedic footwear, mens shoe, each. depth inlay	
#	L3222			Orthopedic footwear, mens shoe, hightop, depth inlay, each	
#	L3224			Orthopedic footwear, woman's shoe, oxford, used as an integral part of brace (orthosis)	
#	L3225			Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	
	L3230	Y		Orthopedic footwear, custom shoe, depth inlay, each.	
#	L3250			Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	
#	L3251			Foot, shoe molded to patient model, silicone shoe, each	
#	L3252			Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	
#	L3253			Foot, molded shoe Plastazote (or similar), custom fitted, each	
#	L3254			Nonstandard size or width	
#	L3255			Nonstandard size or length	
#	L3257			Orthopedic footwear, additional charge for split size	
#	L3260			Surgical boot/shoe, each	
#	L3265			Plastazote sandal, each	
#	L3300			Lift, elevation, heel, tapered to metatarsals, per inch	
	L3310	Y		Lift, elevation, heel and sole, neoprene, per inch	See EPA criteria E.5-E.7.
	L3320	Y		Lift, elevation, heel and sole, cork, per inch	See EPA criteria E.5-E.7.
#	L3330			Lift, elevation, metal extension (skate)	
#	L3332			Lift, elevation, inside shoe, tapered, up to one-half inch	
	L3334	Y		Lift, elevation, heel, per inch	See EPA criteria E.5-E.7.
	L3340	Y		Heel wedge, SACH	
	L3350	Y		Heel wedge	
	L3360	Y		Sole wedge, outside sole	
#	L3370			Sole wedge, between sole	
#	L3380			Clubfoot wedge	
#	L3390			Outflare wedge	
	L3400	Y		Metatarsal bar wedge, rocker	
	L3410	Y		Metatarsal bar wedge, between sole	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L3420	Y		Full sole and heel wedge, between sole	
	L3430			Heel, counter, plastic reinforced	
#	L3440			Heel, counter, leather reinforced	
#	L3450			Heel, SACH cushion type	
#	L3455			Heel, new leather, standard	
#	L3460			Heel, new rubber, standard	
#	L3465			Heel, Thomas with wedge	
#	L3470			Heel, Thomas extended to ball	
#	L3480			Heel, pad and depression for spur	
#	L3485			Heel, pad, removable for spur	
#	L3500			Orthopedic shoe addition, insole, leather	
#	L3510			Orthopedic shoe addition, insole, rubber	
#	L3520			Orthopedic shoe addition, insole, felt covered with leather	
#	L3530			Orthopedic shoe addition, sole, half	
#	L3540			Orthopedic shoe addition, sole, full	
#	L3550			Orthopedic shoe addition, toe tap, standard	
#	L3560			Orthopedic shoe addition, toe tap, horseshoe	
#	L3570			Orthopedic shoe addition, special extension to instep (leather with eyelets)	
#	L3580			Orthopedic shoe addition, convert instep to velcro closure	
#	L3590			Orthopedic shoe addition, convert firm shoe counter to soft counter	
#	L3595			Orthopedic shoe addition, March bar	
#	L3600			Transfer of an orthosis from one shoe to another, caliper plate, existing	
#	L3610			Transfer of an orthosis from one shoe to another, caliper plate, new	
	L3620			Transfer of an orthosis from one shoe to another, solid stirrup, existing.	One in a 12-month period allowed without prior authorization
#	L3630			Transfer of an orthosis from one shoe to another, solid stirrup, new	
#	L3640			Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	
#	L3649			Orthopedic shoe, modification, addition or transfer, not otherwise specified	
	L3650		***	SO, figure of eight design abduction restrainer, prefabricated, includes fitting and adjustment	
	L3651		***	SO, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	
	L3652		***	SO, double shoulder, elastic, prefabricated, includes	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				fitting and adjustment (e.g., neoprene, Lycra)	
	L3660		***	SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	
	L3670		***	SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	
	L3671	Y	Y	SO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3672	Y	Y	SO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom	
	L3673	Y		SO, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
#	L3675			SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	
	L3677	Y	Y	Shoulder orthosis, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	
	L3700		***	EO, elastic with stays, prefabricated, includes fitting and adjustment	
	L3701		***	EO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	
	L3702	Y	Y	EO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3710		***	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	
	L3720			EO, double upright with forearm/arm cuffs, free motion, custom fabricated	
	L3730	Y	Y	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	
	L3740	Y	Y	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	
	L3760			EO, with adjustable position, locking joints, prefabricated, includes fitting and adjustment, any type	
	L3762		***	EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	
	L3763	Y	Y	EWHO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				and adjustment	
	L3764	Y	Y	EWHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3765	Y	Y	EWHFO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3766	Y	Y	EWHFO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom	
	L3806	Y	Y	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	
	L3807			WHFO without joint(s), prefabricated, includes fitting and adjustment, any type	
	L3808	Y	Y	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	
#	L3890			Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each	
	L3900		Y	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	
	L3901	Y	Y	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	
	L3904	Y	Y	WHFO, external powered, electric, custom fabricated	
	L3905	Y	Y	Wrist-Hand Orthotic (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting & adjustment.	
	L3906		Y	WHO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment.	
	L3908		***	WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustments	
	L3909		***	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	
	L3911			Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustments (e.g., neoprene, Lycra)	
	L3912		***	HFO, flexion glove with elastic finger control,	



## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				prefabricated, includes fitting and adjustments	
	L3913	Y	Y	HFO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3915	Y	***	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, includes fitting and adjustment	
	L3917			HO, metacarpal fracture orthosis, prefabricated, includes fitting	
	L3919	Y	Y	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3921	Y	Y	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3923			HFO, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment	
	L3925	Y	***	Finger orthosis, proximal interphalangeal (Pip)/distal interphalangeal (dip), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, includes fitting and adjustment.	
	L3927	Y		Finger orthosis, proximal interphalangeal (Pip)/distal interphalangeal (dip), without joint/spring, extension/flexion (e.g. static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment.	
	L3929	Y		Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	
	L3931	Y		Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	
	L3933	Y	Y	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	
	L3935	Y	Y	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	
	L3956	Y	Y	Addition of joint to upper extremity orthosis, any material; per joint	
	L3960			SEWHO, abduction positioning, airplane design,	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				prefabricated, includes fitting and adjustments	
	L3961	Y	Y	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3962			SEWHO, abduction positioning, Erb's palsey design, prefabricated, includes fitting and adjustments	
#	L3964			SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustments	
#	L3965			SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustments	
#	L3966			SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustments	
	L3967	Y		SEWHO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustments	
#	L3968			SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustments	
	L3969	Y		SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustments	
	L3970			SEO, addition to mobile arm support, elevating proximal arm	
	L3971	Y		SEWHO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface	
	L3972			SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	
	L3973	Y		SEWHO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints	
	L3974			SEO, addition to mobile arm support, supinator	
	L3975	Y	Y	SEWHFO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
	L3976	Y		SEWHFO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				fabricated, includes fitting and adjustments	
	L3977	Y		SEWHFO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustments	
	L3978	Y		SEWHFO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion	
	L3980		***	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustments	
	L3982			Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustments	
	L3984			Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustments	
	L3995			Addition to upper extremity orthosis, sock, fracture or equal, each	
	L3999	Y	Y	Upper limb orthosis, not otherwise specified	
	L4000	Y	Y	Replace girdle for spinal orthosis (CTLFO or SO)	
	L4002	Y	Y	Replacement strap, any orthosis, includes all components, any length, any type	
	L4010		Y	Replace trilateral socket brim	
	L4020		Y	Replace quadrilateral socket brim, molded to patient model	
	L4030		Y	Replace quadrilateral socket brim, custom fitted	
	L4040		Y	Replace molded thigh lacer	
	L4045		Y	Replace nonmolded thigh lacer	
	L4050		Y	Replace molded calf lacer	
	L4055		Y	Replace nonmolded calf lacer	
	L4060		Y	Replace high roll cuff	
	L4070		Y	Replace proximal and distal upright for KAFO	
	L4080		Y	Replace metal bands KAFO, proximal thigh	
	L4090		Y	Replace metal bands KAFO–AFO, calf or distal thigh	
	L4100		Y	Replace leather cuff KAFO, proximal thigh	
	L4110		Y	Replace leather cuff KAFO–AFO, calf or distal thigh	
	L4130		Y	Replace pretibial shell	
	L4205	Y	Y	Repair of orthotic device, labor component, per 15 minutes	
	L4210	Y	Y	Repair of orthotic device, repair or replace minor parts	
	L4350		***	Pneumatic ankle control splint (e.g., aircast), prefabricated, includes fitting and adjustments	
	L4360	Y		Walking Boot, Pneumatic and/or vacuum, with or without joints, with or without interface material,	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				prefabricated, includes fitting and adjustments	
	L4370	Y	***	Pneumatic full leg splint (e.g., aircast), prefabricated, includes fitting and adjustments	
	L4380		***	Pneumatic knee splint (e.g., aircast), prefabricated, includes fitting and adjustments	
	L4386	Y	***	Non-pneumatic walking splint, with or without joints, prefabricated, includes fitting and adjustments	
#	L4392			Replacement soft interface material, static AFO	
#	L4394			Replace soft interface material, foot drop splint	
	L4396	Y		Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustments	
#	L4398			Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustments	
	L5000		Y	Partial foot, shoe insert with longitudinal arch, toe filler	
	L5010		Y	Partial foot, molded socket, ankle height, with toe filler	
	L5020		Y	Partial foot, molded socket, tibial tubercle height, with toe filler	
	L5050		Y	Ankle, Symes, molded socket, SACH Foot	
	L5060	Y	Y	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	
	L5100		Y	Below knee, molded socket, shin, SACH foot	
	L5105	Y	Y	Below knee, plastic socket, joints and thigh lacer, SACH foot	
	L5150	Y	Y	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	
	L5160	Y	Y	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	
	L5200		Y	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	
	L5210		Y	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	
	L5220	Y	Y	Above knee, short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each	
	L5230	Y	Y	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	
	L5250	Y	Y	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L5270	Y	Y	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	
	L5280	Y	Y	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
	L5301		Y	Below knee, molded socket, shin, SACH foot, endoskeletal system	
	L5311		Y	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	
	L5321		Y	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	
	L5331		Y	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
	L5341		Y	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
	L5400		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	
	L5410		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	
	L5420		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change AK or knee disarticulation	
	L5430		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, AK or knee disarticulation, each additional cast change and realignment	
	L5450		Y	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee	
	L5460		Y	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee	
	L5500		Y	Initial, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	
	L5505	Y	Y	Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed	
	L5510		Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot,	Limit one per client per lifetime

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				plaster socket, molded to model	per limb
	L5520		Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Limit one per client per lifetime per limb
	L5530	Y	Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
	L5535	Y	Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	
	L5540	Y	Y	Preparatory, below knee PTB type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	
	L5560	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	
	L5570	Y	Y	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
	L5580	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
	L5585	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	
	L5590	Y	Y	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	
	L5595	Y	Y	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	
	L5600	Y	Y	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	
	L5610	Y	Y	Addition to lower extremity, endoskeletal system, above knee, hydracandence system	
	L5611	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with friction swing phase control	
	L5613	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with hydraulic swing phase control	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L5614	Y	Y	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4-bar linkage, with pneumatic swing phase control	
	L5616		Y	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	
	L5617		Y	Addition to lower extremity, quick change self-aligning unit, above or below knee, each	
	L5618		Y	Addition to lower extremity, test socket, Symes	
	L5620		Y	Addition to lower extremity, test socket, below knee	
	L5622		Y	Addition to lower extremity, test socket, knee disarticulation	
	L5624		Y	Addition to lower extremity, test socket, above knee	
	L5626		Y	Addition to lower extremity, test socket, hip disarticulation	
	L5628		Y	Addition to lower extremity, test socket, hemipelvectomy	
	L5629		Y	Addition to lower extremity, below knee, acrylic socket	
	L5630		Y	Addition to lower extremity, Symes type, expandable wall socket	
	L5631		Y	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	
	L5632		Y	Addition to lower extremity, Symes type, PTB brim design socket	
	L5634		Y	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	
	L5636		Y	Addition to lower extremity, Symes type, medial opening socket	
	L5637		Y	Addition to lower extremity, below knee, total contact	
	L5638	Y	Y	Addition to lower extremity, below knee, leather socket	
	L5639	Y	Y	Addition to lower extremity, below knee, wood socket	
	L5640	Y	Y	Addition to lower extremity, knee disarticulation, leather socket	
	L5642	Y	Y	Addition to lower extremity, above knee, leather socket	
	L5643	Y	Y	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	
	L5644	Y	Y	Addition to lower extremity, above knee, wood socket	
	L5645	Y	Y	Addition to lower extremity, below knee, flexible inner socket, external frame	



## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L5646	Y	Y	Addition to lower extremity, below knee, air cushion socket	
	L5647	Y	Y	Addition to lower extremity, below knee, suction socket	
	L5648	Y	Y	Addition to lower extremity, above knee, air cushion socket	
	L5649		Y	Addition to lower extremity, ischial containment/narrow M-L socket	
	L5650		Y	Addition to lower extremity, total contact, above knee or knee disarticulation socket	
	L5651		Y	Addition to lower extremity, above knee, flexible inner socket, external frame	
	L5652		Y	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	
	L5653		Y	Addition to lower extremity, knee disarticulation, expandable wall socket	
	L5654		Y	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	
	L5655		Y	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	
	L5656		Y	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	
	L5658	Y	Y	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	
	L5661	Y	Y	Addition to lower extremity, socket insert, multidurometer, Symes	
	L5665		Y	Addition to lower extremity, socket insert, multidurometer, below knee	
	L5666		Y	Addition to lower extremity, below knee, cuff suspension	
	L5668		Y	Addition to lower extremity, below knee, molded distal cushion	
	L5670		Y	Addition to lower extremity, below knee, molded supracondylar suspension (PTS or similar)	
	L5671		Y	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	
	L5672		Y	Addition to lower extremity, below knee, removable medial brim suspension	
	L5673		Y	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	



## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L5676		Y	Addition to lower extremity, below knee, knee joints, single axis, pair	
	L5677	Y	Y	Addition to lower extremity, below knee, knee joints, polycentric, pair	
	L5678		Y	Addition to lower extremity, below knee, joint covers, pair	
	L5679		Y	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	
	L5680		Y	Addition to lower extremity, below knee, thigh lacer, nonmolded	
	L5681	Y	Y	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	
	L5682	Y	Y	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	
	L5683	Y	Y	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	
	L5684		Y	Addition to lower extremity, below knee, fork strap	
	L5685		Y	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	
	L5686		Y	Addition to lower extremity, below knee, back check (extension control)	
	L5688		Y	Addition to lower extremity, below knee, waist belt, webbing	
	L5690		Y	Addition to lower extremity, below knee, waist belt, padded and lined	
	L5692		Y	Addition to lower extremity, above knee, pelvic control belt, light	
	L5694		Y	Addition to lower extremity, above knee, pelvic control belt, padded and lined	
	L5695		Y	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	
	L5696		Y	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	
	L5697		Y	Addition to lower extremity, above knee or knee	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				disarticulation, pelvic band	
	L5698		Y	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	
	L5699		Y	All lower extremity prostheses, shoulder harness	
	L5700		Y	Replacement, socket, below knee, molded to patient model	Limit one per client per year
	L5701		Y	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Limit one per client per year
	L5702	Y	Y	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	
	L5703	Y	Y	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only	
	L5704	Y	Y	Custom shaped protective cover, below knee	
	L5705	Y	Y	Custom shaped protective cover, above knee	
	L5706	Y	Y	Custom shaped protective cover, knee disarticulation	
	L5707	Y	Y	Custom shaped protective cover, hip disarticulation	
	L5710		Y	Addition, exoskeletal knee-shin system, single axis, manual lock	
	L5711		Y	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	
	L5712		Y	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	
	L5714		Y	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	
	L5716	Y	Y	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	
	L5718	Y	Y	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	
	L5722		Y	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	
	L5724	Y	Y	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	
	L5726	Y	Y	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	
	L5728	Y	Y	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	
	L5780		Y	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	
	L5781	Y	Y	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L5782	Y	Y	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	
	L5785		Y	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	
	L5790		Y	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	
	L5795		Y	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium carbon fiber or equal)	
	L5810		Y	Addition, endoskeletal knee-shin system, single axis, manual lock	
	L5811		Y	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	
	L5812		Y	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	
	L5814	Y	Y	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	
	L5816		Y	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	
	L5818		Y	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	
	L5822		Y	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	
	L5824		Y	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	
	L5826	Y	Y	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	
	L5828	Y	Y	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	
	L5830	Y	Y	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	
	L5840	Y	Y	Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	
#	L5845			Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	
	L5848	Y	Y	Addition to, endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, adjustable	
	L5850		Y	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	
	L5855		Y	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
#	L5856	Y	Y	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	
	L5857	Y	Y	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	
#	L5858			Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	
	L5910		Y	Addition, endoskeletal system, below knee, alignable system	
	L5920		Y	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	
	L5925		Y	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	
#	L5930			Addition, endoskeletal system, high activity knee control frame	
	L5940	Y	Y	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	
	L5950	Y	Y	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	
	L5960	Y	Y	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	
	L5962	Y	Y	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	
	L5964	Y	Y	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	
	L5966	Y	Y	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	
	L5968	Y	Y	Addition to lower limb prosthesis, multiaxial ankle with swing phase action dorsiflexion feature	
	L5970	Y	Y	All lower extremity prostheses, foot, external keel, SACH foot	
	L5971	Y	Y	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only	
	L5972		Y	All lower extremity prostheses, flexible keel foot (safe, sten, bock dynamic or equal)	
	L5974		Y	All lower extremity prostheses, foot, single axis ankle/foot	
	L5975		Y	All lower extremity prosthesis, combination single axis and flexible keel foot	
	L5976		Y	All lower extremity prostheses, energy storing foot (Seattle carbon copy II or equal)	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L5978		Y	All lower extremity prostheses, foot, multi-axial ankle/foot	
	L5979	Y	Y	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	
	L5980	Y	Y	All lower extremity prostheses, flex-foot system	
	L5981	Y	Y	All lower extremity prostheses, flex-walk system or equal	
	L5982	Y	Y	All exoskeletal lower extremity prostheses, axial rotation unit	
	L5984	Y	Y	All endoskeletal lower extremity prostheses, axial rotation unit	
	L5985	Y	Y	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	
	L5986	Y	Y	All lower extremity prostheses, multi-axial rotation unit (MCP or equal)	
#	L5987			All lower extremity prostheses, shank foot system with vertical loading pylon	
	L5988	Y	Y	Addition to lower limb prosthesis, vertical shock reducing pylon feature	
	L5990	Y	Y	Addition to lower extremity prosthesis, user adjustable heel height	
	L5993	Y	Y	Addition to lower extremity prosthesis, heavy duty feature, foot only, (for patient weight greater than 300 lbs)	
	L5994	Y	Y	Addition to lower extremity prosthesis, heavy duty feature, knee only, (for patient weight greater than 300 lbs)	
	L5995	Y	Y	Addition to lower extremity prosthesis, heavy duty feature (for patient weight greater than 300 lbs)	
	L5999	Y	Y	Lower extremity prosthesis, not otherwise specified	
	L6000	Y	Y	Partial hand, Robin-Aids, thumb remaining (or equal)	
	L6010	Y	Y	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	
	L6020	Y	Y	Partial hand, Robin-Aids, no finger remaining (or equal)	
	L6025	Y	Y	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device	
	L6050		Y	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	
	L6055	Y	Y	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				pad	
	L6100		Y	Below elbow, molded socket, flexible elbow hinge, triceps pad	
	L6110		Y	Below elbow, molded socket (Muenster or Northwestern suspension types)	
	L6120	Y	Y	Below elbow, molded double wall split socket, step-up hinges, half cuff	
	L6130	Y	Y	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	
	L6200		Y	Elbow disarticulation, molded socket, outside locking hinge, forearm	
	L6205	Y	Y	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	
	L6250		Y	Above elbow, molded double wall socket, internal locking elbow, forearm	
	L6300		Y	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	
	L6310	Y	Y	Shoulder disarticulation, passive restoration (complete prosthesis)	
	L6320	Y	Y	Shoulder disarticulation, passive restoration (shoulder cap only)	
	L6350	Y	Y	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	
	L6360	Y	Y	Interscapular thoracic, passive restoration (complete prosthesis)	
	L6370	Y	Y	Interscapular thoracic, passive restoration (shoulder cap only)	
	L6380		Y	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	
	L6382		Y	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	
	L6384		Y	Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	
	L6386		Y	Immediate postsurgical or early fitting, each additional cast change and realignment	
	L6388		Y	Immediate postsurgical or early fitting, application	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				of rigid dressing only	
	L6400		Y	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
	L6450	Y	Y	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
	L6500		Y	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
	L6550		Y	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
	L6570		Y	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	
	L6580	Y	Y	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	
	L6582	Y	Y	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	
	L6584	Y	Y	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	
	L6586	Y	Y	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	
	L6588	Y	Y	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	
	L6590	Y	Y	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	
	L6600		Y	Upper extremity additions, polycentric hinge, pair	
	L6605		Y	Upper extremity additions, single pivot hinge, pair	
	L6610		Y	Upper extremity additions, flexible metal hinge, pair	
	L6611	Y	Y	Addition to upper extremity prosthesis, external	



## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				powered, additional switch, any type	
	L6615		Y	Upper extremity addition, disconnect locking wrist unit	
	L6616		Y	Upper extremity addition, additional disconnect insert for locking wrist unit, each	
	L6620		Y	Upper extremity addition, flexion-friction wrist unit	
	L6621	Y	Y	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	
	L6623	Y	Y	Upper extremity addition, spring assisted rotational wrist unit with latch release	
	L6624	Y	Y	Upper extremity addition, flexion/extension and rotation wrist unit	
	L6625	Y	Y	Upper extremity addition, rotational wrist unit with cable lock	
	L6628		Y	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	
	L6629		Y	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	
	L6630		Y	Upper extremity addition, stainless steel, any wrist	
	L6632		Y	Upper extremity addition, latex suspension sleeve, each	
	L6635		Y	Upper extremity addition, lift assist for elbow	
	L6637	Y	Y	Upper extremity addition, nudge control elbow lock	
	L6638	Y	Y	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	
	L6639	Y	Y	Upper extremity addition, heavy duty feature, any elbow	
	L6640	Y	Y	Upper extremity additions, shoulder abduction joint, pair	
	L6641	Y	Y	Upper extremity addition, excursion amplifier, pulley type	
	L6642	Y	Y	Upper extremity addition, excursion amplifier, lever type	
	L6645		Y	Upper extremity addition, shoulder flexion-abduction joint, each	
	L6646	Y	Y	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	
	L6647		Y	Upper extremity addition, shoulder lock mechanism, body powered actuator	
	L6648	Y	Y	Upper extremity addition, shoulder lock	



## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				mechanism, external powered actuator	
	L6650		Y	Upper extremity addition, shoulder universal joint, each	
	L6655		Y	Upper extremity addition, standard control cable, extra	
	L6660		Y	Upper extremity addition, heavy duty control cable	
	L6665		Y	Upper extremity addition, Teflon, or equal, cable lining	
	L6670		Y	Upper extremity addition, hook to hand, cable adapter	
	L6672		Y	Upper extremity addition, harness, chest or shoulder, saddle type	
	L6675		Y	Upper extremity addition, harness, figure of eight type, for single control	
	L6676		Y	Upper extremity addition, harness, figure of eight type, for dual control	
	L6677	Y	Y	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow.	
	L6680		Y	Upper extremity addition, test socket, wrist disarticulation or below elbow	
	L6682		Y	Upper extremity addition, test socket, elbow disarticulation or above elbow	
	L6684		Y	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	
	L6686		Y	Upper extremity addition, suction socket	
	L6687		Y	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	
	L6688		Y	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	
	L6689	Y	Y	Upper extremity addition, frame type socket, shoulder disarticulation	
	L6690	Y	Y	Upper extremity addition, frame type socket, interscapular-thoracic	
	L6691	Y	Y	Upper extremity addition, removable insert, each	
	L6692	Y	Y	Upper extremity addition, silicone gel insert or equal, each	
	L6693	Y	Y	Upper extremity addition, external locking elbow, forearm counterbalance	
	L6694	Y	Y	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism.	
	L6695		Y	Addition to upper extremity prosthesis, below	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	
	L6696	Y	Y	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	
	L6697	Y	Y	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	
	L6698	Y	Y	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	
	L6700		Y	Terminal device, hook, Dorrance or equal, model #3	
	L6703	Y	Y	Terminal device, passive hand/mitt, any material, any size	
	L6704	Y	Y	Terminal device, sport/recreational/work attachment, any material, any size	
	L6706	Y	Y	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	
	L6707	Y	Y	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	
	L6708	Y	Y	Terminal device, hand, mechanical, voluntary opening, any material, any size	
	L6709	Y	Y	Terminal device, hand, mechanical, voluntary closing, any material, any size	
	L6711	Y	Y	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric.	
	L6712	Y	Y	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric.	
	L6713	Y	Y	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric.	
	L6714	Y	Y	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric.	
	L6721	Y	Y	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined.	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L6722	Y	Y	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined.	
	L6810	Y	Y	Terminal device, pincher tool, Otto Bock or equal	
	L6881	Y	Y	Automatic grasp feature, addition to upper limb prosthetic terminal device	
	L6882	Y	Y	Microprocessor control feature, addition to upper limb prosthetic terminal device	
	L6883	Y	Y	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	
	L6884	Y	Y	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	
	L6885	Y	Y	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	
	L6890		Y	Terminal device, glove for above hands, production glove	
	L6895	Y	Y	Terminal device, glove for above hands, custom glove	
	L6900	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	
	L6905	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	
	L6910	Y	Y	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	
	L6915	Y	Y	Hand restoration (shading and measurements included), replacement glove for above	
	L6920	Y	Y	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
	L6925	Y	Y	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
	L6930	Y	Y	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
	L6935	Y	Y	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
	L6940	Y	Y	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
	L6945	Y	Y	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
	L6950	Y	Y	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
	L6955	Y	Y	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal, electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
	L6960	Y	Y	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
	L6965	Y	Y	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	
	L6970	Y	Y	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	
	L6975	Y	Y	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				terminal device	
	L7007	Y	Y	Electric hand, switch or myoelectric controlled, adult	
	L7008	Y	Y	Electric hand, switch or myoelectric, controlled, pediatric	
	L7009	Y	Y	Electric hook, switch or myoelectric controlled, adult	
	L7040	Y	Y	Prehensile actuator, Hosmer or equal, switch controlled	
	L7045	Y	Y	Electronic hook, child, Michigan or equal, switch controlled	
	L7170	Y	Y	Electronic elbow, Hosmer or equal, switch controlled	
	L7180	Y	Y	Electronic elbow, Boston, Utah or equal, myoelectronically controlled	
	L7181	Y	Y	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	
	L7185	Y	Y	Electronic elbow, adolescent, Variety Village or equal, switch controlled	
	L7186	Y	Y	Electronic elbow, child, Variety Village or equal, switch controlled	
	L7190	Y	Y	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	
	L7191	Y	Y	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	
	L7260	Y	Y	Electronic wrist rotator, Otto Bock or equal	
	L7261	Y	Y	Electronic wrist rotator, for Utah arm	
	L7266	Y	Y	Servo control, Steeper or equal	
	L7272	Y	Y	Analogue control, UNB or equal	
	L7274	Y	Y	Proportional control, 6-12 volt, Liberty, Utah or equal	
	L7360	Y	Y	Six volt battery, Otto Bock or equal, each	
	L7362	Y	Y	Battery charger, six volt, each.	
	L7364	Y	Y	Twelve volt battery, each	
	L7366	Y	Y	Battery charger, twelve volt, each.	
	L7367	Y	Y	Lithium ion battery, replacement	
	L7368	Y	Y	Lithium ion battery charger	
	L7400	Y	Y	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	
	L7401	Y	Y	Addition to upper extremity prosthesis, above	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	
	L7402	Y	Y	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	
	L7403	Y	Y	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	
	L7404	Y	Y	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	
	L7405	Y	Y	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	
	L7499	Y	Y	Upper extremity prosthesis, not otherwise specified	
#	L7500	Y	Y	Repair of prosthetic device, hourly rate	
	L7510	Y	Y	Repair prosthetic device, repair or replace minor parts	
	L7520	Y	Y	Repair of prosthetic device, labor component, per 15 minutes	
	L7600	Y	Y	Prosthetic donning sleeve, any material, each	
#	L7900			Vacuum erection system	
	L8000		***	Breast prosthesis, mastectomy bra	
	L8001		***	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	<i>Not allowed with L8020 or L8030</i>
	L8002		***	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	<i>Not allowed with L8020 or L8030</i>
	L8010		***	Breast prosthesis, mastectomy sleeve	
	L8015		***	External breast prosthesis garment, with mastectomy form, post mastectomy	
	L8020		***	Breast prosthesis, mastectomy form	
	L8030		***	Breast prosthesis, silicone or equal	
#	L8035			Custom breast prosthesis, post mastectomy, molded to patient model	
	L8039	Y		Breast prosthesis, not otherwise specified	
#	L8040			Nasal prosthesis, provided by a non-physician	
#	L8041			Midfacial prosthesis, provided by a non-physician	
#	L8042			Orbital prosthesis, provided by a non-physician	
#	L8043			Upper facial prosthesis, provided by a non-physician	
#	L8044			Hemi-facial prosthesis, provided by a non-physician	
#	L8045			Auricular prosthesis, provided by a non-physician	
#	L8046			Partial facial prosthesis, provided by a non-physician	
#	L8047			Nasal septal prosthesis, provided by a non-physician	
#	L8048			Unspecified maxillofacial prosthesis, by report,	

## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				provided by a non-physician	
#	L8049			Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	
	L8300		***	Truss, single with standard pad	
	L8310		***	Truss, double with standard pads	
	L8320		***	Truss, addition to standard pad, water pad	
	L8330		***	Truss, addition to standard pad, scrotal pad	
	L8400		Y	Prosthetic sheath, below knee, each	
	L8410		Y	Prosthetic sheath, above knee, each	
	L8415		Y	Prosthetic sheath, upper limb, each	
	L8417		Y	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	
	L8420		Y	Prosthetic sock, multiple ply, below knee, each	
	L8430		Y	Prosthetic sock, multiple ply, above knee, each	
	L8435		Y	Prosthetic sock, multiple ply, upper limb, each	
	L8440		Y	Prosthetic shrinker, below knee, each	
	L8460		Y	Prosthetic shrinker, above knee, each	
	L8465		Y	Prosthetic shrinker, upper limb, each	
	L8470		Y	Prosthetic sock, single ply, fitting, below knee, each	
	L8480		Y	Prosthetic sock, single ply, fitting, above knee, each	
	L8485		Y	Prosthetic sock, single ply, fitting, upper limb, each	
	L8499	Y	Y	Unlisted procedure for miscellaneous prosthetic services	
#	L8500			Artificial larynx, any type	
#	L8501			Tracheostomy speaking valve	
#	L8505			Artificial larynx replacement battery/accessory, any type	
#	L8507			Tracheo-esophageal voice prosthesis, patient inserted, any type, each	
#	L8509			Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	
#	L8510			Voice amplifier	
#	L8511			Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	
#	L8512			Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	1 unit = 10 capsules
#	L8513			Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	
#	L8514			Tracheoesophageal puncture dilator, replacement only, each	
#	L8515			Gelatin capsule, application device for use with	



## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
				tracheoesophageal voice prosthesis, each	
#	L8600			Implantable breast prosthesis, silicone or equal	
#	L8603			Injectable bulking agent, collagen implant, urinary tract, per 2.5 ml syringe, includes shipping and necessary supplies	1 unit = 2.5 ml
#	L8606			Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	1 unit = 1 ml
#	L8609			Artificial cornea	
#	L8610			Ocular Implant	
#	L8612			Aqueous shunt	
#	L8613			Ossicular implant	
#	L8614			Cochlear device/system	
#	L8615			Headset/headpiece for use with cochlear implant device, replacement	
#	L8616			Microphone for use with cochlear implant device, replacement	
#	L8617			Transmitting coil for use with cochlear implant device, replacement	
#	L8618			Transmitter cable for use with cochlear implant device, replacement	
#	L8619			Cochlear implant external speech processor, replacement	
#	L8621			Zinc air battery for use with cochlear implant device, replacement, each	
#	L8622			Alkaline battery for use with cochlear implant device, any size, replacement, each	
#	L8623			Lithium battery for use with cochlear implant device speech processor, other than ear level, replacement, each	
#	L8624			Lithium battery for use with cochlear implant device speech processor, ear level replacement, each	
#	L8630			Metacarpophalangeal joint implant	
#	L8631			Metacarpal phalangeal joint replacement, two or more pieces, metal(e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	
#	L8641			Metatarsal joint implant	
#	L8642			Hallux implant	
#	L8658			Interphalangeal joint implant	
#	L8659			Interphalangeal finger joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	



## Prosthetic and Orthotic Devices

Code Status Indicators	Procedure Code	PA	Lic	Description	Policy/ Comments
#	L8670			Vascular graft material, synthetic, implant	
#	L8680			Implantable neurostimulator electrode, each	
#	L8681			Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only.	
#	L8682			Implantable neurostimulator radiofrequency receiver	
#	L8683			Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	
#	L8684			Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	
#	L8685			Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	
#	L8686			Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	
#	L8687			Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	
#	L8688			Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	
#	L8689			External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	
#	L8690			Auditory osseointegrated device, includes all internal and external components	
#	L8691			Auditory osseointegrated device, external sound processor, replacement	
#	L8695			External recharging system for battery (external) for use with implantable neurostimulator, replacement only.	
#	L8699			Prosthetic implant, not otherwise specified	
#	L9900			Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code	
P	S1040	Y		Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustments.	Purchase Only. Included in nursing facility daily rate.
	V2623			Prosthetic eye, plastic, custom	
	V2624			Polishing/resurfacing of ocular prosthesis	
	V2625			Enlargement of ocular prosthesis	
	V2626			Reduction of ocular prosthesis	
	V2627			Scleral cover shell	
	V2628			Fabrication and fitting of ocular conformer	
	V2629	Y		Prosthetic eye, other type	

# Provider Requirements

---

## What Is Required from the Department's P&O Devices Providers?

[Refer to WAC 388-543-1200 [1]]

The Department requires a provider who supplies P&O devices and related supplies and services to a Department client to meet all of the following. The provider must:

- Have a proper business license;
- Have appropriately trained qualified staff;
- Be certified, licensed, and/or bonded, if required, to perform the services billed to the Department. Out-of-state P&O providers must meet their state regulatory requirements; and
- Have a Department core provider agreement.

## Who Does the Department Reimburse for Providing P&O Devices and Related Supplies and Services to DSHS Clients?

[Refer to WAC 388-543-1200 [2]]

The Department may reimburse qualified providers for P&O devices, repairs, and related supplies and services on a fee-for-service (FFS) basis as follows:

- Licensed P&O providers who are licensed by the Washington State Department of Health (DOH) in P&O. This does not apply to medical equipment dealers and pharmacies that do not require licensure to provide selected P&O;
- All HCPCS codes with a “\*\*\*\*” indicator in the licensure column may be provided by a supplier that has **an NPI with a taxonomy of DME or Pharmacy** as long as all other licensure requirements have been met.
- Physicians who provide medical equipment and supplies in the physician's office. The Department may pay separately for medical supplies, subject to the provisions in the Department/HRSA Physician's-Related Services (RBRVS) fee schedule; and
- Out-of-state P&O providers who meet their state regulations.

**Note:** The Department terminates from Medicaid participation any provider who violates program regulations and policies, as described in WAC 388-502-0030. (WAC 388-543-1200 [3])

# Authorization

---

## What Is Prior Authorization?

Prior authorization (PA) is the Department's approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement. **Expedited prior authorization (EPA) and limitation extensions (LE) are forms of prior authorization.**

## Is Prior Authorization Required? [Refer to WAC 388-543-1600]

**Yes!** The Department of Social & Health Services (the Department) requires PA for certain purchases and repairs of medically necessary P&O devices and related supplies and services. Please refer to the PA column of the *Coverage Table* for items that require PA.

The Department bases its determination about which P&O devices and related supplies and services require PA or EPA on utilization criteria. The Department considers all of the following when establishing utilization criteria:

- High cost;
- Potential for utilization abuse;
- Narrow therapeutic indication; and
- Safety.

## How Do I Request Prior Authorization?

Call or fax the Department all requests for prior authorization. (See *Important Contacts*.)

## General Policies for Prior Authorization

[Refer to WAC 388-543-1800]

- For PA requests, the Department requires the prescribing provider to furnish patient-specific justification for base equipment and each requested line item accessory or modification identified as a separate charge. The Department does not accept general standards of care or industry standards for generalized equipment as justification.
- When the Department receives an initial request for PA, the prescription(s) for those items or services cannot be older than three months from the date the Department receives the request.
- All written requests must be submitted on the General Information for Authorization form, DSHS 13-835. This form is available for download at <http://www1.dshs.wa.gov/msa/forms/eforms.html>.
- All written authorization requests must include a valid prescription prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the Department is being billed for co-pay and/or deductible only:

The prescriber must use the Health and Recovery Services Administration (HRSA) Prescription Form (DSHS 13-794) to write the prescription. The form is available for download at <http://www1.dshs.wa.gov/msa/forms/eforms.html>. The prescription (DSHS 13-794) must:

- ✓ Be signed and dated by the prescriber;
- ✓ Be no older than one year from the date the prescriber signs the prescription; and
- ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.

**Note:** The Department implemented the requirement of the prescription form for all new prescriptions effective March 1, 2008.

Also note for prescriptions:

- ✓ Prescriber's signature must have credentials and currently we do not accept stamped or electronic signatures.
- ✓ Should be legible.
- ✓ The signature date is the valid date of the prescription.
- ✓ For a new request prescriptions can be no older than 90 days.
- ✓ For extensions – prescription must be less than 1 year old.

- All forms must be complete (no blanks) and must be signed by the clinician to include their credentials.

**Note:** These forms can be downloaded from the Department's Electronic Forms Website at: <http://www1.dshs.wa.gov/msa/forms/eforms.html>.

- If a letter of medical necessity is obtained for the services provided please remember:
  - ✓ The letter must be signed and dated by the clinician (to include credentials).
  - ✓ If using chart notes, they must be signed and dated by the clinician (to include credentials).
  - ✓ The letter should include client specific justification for the service and all related accessories/items.
  - ✓ The RX must be dated prior to LMN and/or chart notes used as a LMN.
  - ✓ Should be documentation of tried and failed less costly alternatives.
- The Department requires certain information from providers to prior authorize the purchase of equipment. This information includes, but is not limited to, the following:
  - ✓ A detailed description of the item; and
  - ✓ Any modifications required, including the product or accessory number as shown in the manufacturer's catalog.
- The Department prior authorizes By Report (BR) items that require PA and are listed in the *Coverage Table* only if medical necessity is established and the provider furnishes all of the following information to the Department:
  - ✓ A detailed description of the item or service to be provided;
  - ✓ The cost or charge for the item;
  - ✓ A copy of the manufacturer's invoice, price-list or catalog with the product description for the item being provided; and
  - ✓ A detailed explanation of how the requested item differs from an already existing code description.
- The Department does not reimburse for purchase or repair of medical equipment that duplicates equipment the client already owns. If the provider makes such a request, the Department requires the provider to submit a PA request and explain the following:
  - ✓ Why the existing equipment no longer meets the client's medical needs; or
  - ✓ Why the existing equipment could not be repaired or modified to meet those medical needs.

- A provider may resubmit a request for PA for an item or service that the Department has denied. The Department requires the provider to include new documentation that is relevant to the request.
- The Department prior authorizes extensive maintenance that the manufacturer recommends be performed by an authorized dealer. The Department requires the client to take responsibility for routine maintenance of a prosthetic or orthotic. If the client does not have the physical or mental ability to perform the task, the Department requires the client's caregiver to be responsible. [WAC 388-543-2600 (4)]
- Authorizations are valid:
  - ✓ For written requests = 3 months from the date of approval, then an extension must be requested.
  - ✓ For telephonic requests = 1 month from the date of approval, unless otherwise specified.

## What Is Expedited Prior Authorization?

Vendors are reminded that EPA numbers are only for those products listed *on the following pages*. EPA numbers are not valid for:

- P&O devices requiring prior authorization through the P&O Devices program;
- Products for which the documented medical condition does not meet **all** of the specified EPA criteria; or
- Over-limitation requests.

The written or telephonic request for prior authorization process must be used when a situation does not meet the criteria for a selected P&O code. Providers must submit the request to the DME authorization Unit or call for authorization.

**Note:** Please see the Department/HRSA *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for more information on requesting authorization.

## EPA Criteria Coding Table

### Prosthetics

Procedure Code	EPA Code	Description	Criteria
L5683 L5681	787	Addition to lower extremity, below knee/above knee, socket insert, suction suspension with or without locking mechanism	<p>Initial purchase of one (1) L5683 and L5681 per initial, lower extremity prosthesis (one to wash, one to wear) allowed per 12-month period if any of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1) Short residual limb;</li> <li>2) Diabetic; or</li> <li>3) History of skin problems/open sores on stump</li> </ol> <p><b>Note:</b></p> <ol style="list-style-type: none"> <li>1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see Important Contacts) or by calling the authorization toll-free number at 1-800-292-8064.</li> <li>2) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service.</li> <li>3) EPA is for initial purchase only. It is not to be used for replacements of existing products.</li> </ol>

## Orthotics

Procedure Code	E+PA Code	Description	Criteria
L3030	780	Foot insert, removable, formed to patient foot	<p>One (1) pair allowed in a 12-month period if one of the following criteria is met:</p> <ol style="list-style-type: none"> <li>1) Severe arthritis with pain;</li> <li>2) Flat feet or pes planus with pain;</li> <li>3) Valgus or varus deformity with pain;</li> <li>4) Plantar fasciitis with pain; or</li> <li>5) Pronation.</li> </ol> <p><b>Note:</b></p> <ol style="list-style-type: none"> <li>1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see Important Contacts) or by calling the authorization toll-free number at 1-800-292-8064.</li> <li>2) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service.</li> </ol>
L3310 L3320	781	Lift, elevation, heel & sole, per inch	For a client with a leg length discrepancy, allowed for as many inches as required (must be at least one inch), on one shoe per 12-month period.



## Prosthetic and Orthotic Devices

Procedure Code	E+PA Code	Description	Criteria
L3334	782	Lift, elevation, heel, per inch	<p>Allowed for as many inches as required (has to be at least one inch), for a client with a leg length discrepancy, on one shoe per 12-month period.</p> <p><b>Note:</b></p> <ol style="list-style-type: none"> <li>1) Lift is covered per inch, for no less than one (1) inch, for one shoe. <b>For example:</b> It is medically necessary for a client to have a two (2) inch lift for the left heel. Bill two units of L3334 using EPA # 870000782.</li> <li>3) If the medical condition does not meet the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see Important Contacts) or by calling the authorization toll-free number at 1-800-292-8064.</li> <li>4) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service.</li> </ol>

## Prosthetic and Orthotic Devices

Procedure Code	E+PA Code	Description	Criteria
L3000	784	Foot insert, removable, molded to patient model, "UCB" type, Berkeley Shell, each	<p>Purchase of one (1) pair per 12-month period for a client 16 years of age or younger allowed if any of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1) Required to prevent or correct pronation;</li> <li>2) Required to promote proper foot alignment due to pronation; or</li> <li>3) For ankle stability as required due to an existing medical condition such as hypotonia, Cerebral Palsy, etc.</li> </ol> <p><b>Note:</b></p> <ol style="list-style-type: none"> <li>1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see <i>Important Contacts</i>) or by calling the authorization toll-free number at 800.292.8064.</li> <li>2) This EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the EPA has been used for the client within 12 months prior to the provider's proposed date of service.</li> <li>3) If the client only medically requires one orthotic, right or left, prior authorization must be obtained.</li> </ol>

Procedure Code	E+PA Code	Description	Criteria
L3215 L3219	785	Orthopedic footwear, woman's or man's shoes, oxford.	<p>Purchase of one (1) pair per 12-month period allowed if any of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1) When one or both shoes are attached to a brace;</li> <li>2) When one or both shoes are required to accommodate a brace with the exception of L3030 foot inserts;</li> <li>3) To accommodate a partial foot prosthesis; or</li> <li>4) To accommodate club foot.</li> </ol> <p><b>Note:</b></p> <ol style="list-style-type: none"> <li>1) HRSA does not allow orthopedic footwear for the following reasons: <ol style="list-style-type: none"> <li>a) To accommodate L3030 orthotics;</li> <li>b) Bunions;</li> <li>c) Hammer toes;</li> <li>d) Size difference (mismatched shoes); or</li> <li>e) Abnormal sized foot.</li> </ol> </li> <li>2) HRSA only allows the following manufacturers of Orthopedic: <ol style="list-style-type: none"> <li>a) Acor;</li> <li>b) Alden Shoe Company;</li> <li>c) Jerry Miller;</li> <li>d) Markell;</li> <li>e) P.W. Minor;</li> <li>f) Walkin-Comfort; and</li> <li>g) Hanger.</li> </ol> </li> <li>3) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see Important Contacts) or by calling the authorization toll-free number at 800.292.8064.</li> <li>4) EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria.</li> </ol>

## Prosthetic and Orthotic Devices

Procedure Code	E+PA Code	Description	Criteria
L1945	786	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction)	<p>Purchase of one per limb allowed per 12-month period if all of the following criteria are met:</p> <ol style="list-style-type: none"> <li>1) Client is 16 years old or younger; and</li> <li>2) Required due to a medical condition causing crouched gait.</li> </ol>
			<p><b>Note:</b></p> <ol style="list-style-type: none"> <li>1) If the medical condition does not meet one of the above specified criteria, you must obtain prior authorization by submitting a request in writing to QUS (see Important Contacts) or by calling the authorization toll-free number at 1-800-292-8064.</li> <li>2) EPA is allowed only one time per client, per 12-month period. It is the provider's responsibility to determine whether the client has already used all EPA in the period allowed under the EPA criteria.</li> </ol>

# Reimbursement

---

## General Reimbursement for P&O Devices and Related Supplies and Services [Refer to WAC 388-543-1400 and 388-543-2700]

- The Department reimburses a qualified provider who serves a client who is not enrolled in a department-contracted managed care plan only when all of the following apply:
  - ✓ The provider meets all of the conditions in WAC 388-502-0100; and
  - ✓ The Department does not include the item/service for which the provider is requesting reimbursement in other reimbursement rate methodologies. Other methodologies include, but are not limited to, the following:
    - Hospice providers' per diem reimbursement;
    - Hospital's diagnosis related group (DRG) reimbursement;
    - Managed care plans' capitation rate; and
    - Nursing facilities' per diem rate.
- A provider must not bill the Department for the purchase of equipment supplied to the provider at no cost by suppliers/manufacturers.
- Reimbursement for P&O devices is limited to HCPCS/National Codes with the same level of coverage as Medicare.
- The Department may adopt policies, procedure codes, and/or rates that are different than those set by Medicare, if the Department determines that such actions are in the best interest of its clients.
- The Department may pay for medical services rendered to a client only when the Department is the payer of last resort.
- The Department's maximum payment for medical equipment and supplies is the lesser of either of the following:
  - ✓ Provider's usual and customary charge; or
  - ✓ Established rates, unless the client is eligible for both Medicare and Medicaid.
- The Department determines reimbursement for P&O devices according to a set fee schedule. The Department considers Medicare's current fee schedule when determining maximum allowable fees. For By Report (BR) codes, the Department reimburses 85% of the agreed upon fee.

- The Department sets maximum allowable fees for P&O devices and related supplies and services using available published information, such as:
  - ✓ Commercial databases for price comparisons;
  - ✓ Manufacturers' catalogs;
  - ✓ Medicare fee schedules; and
  - ✓ Wholesale prices.
- The Department evaluates and updates the maximum allowable fees for P&O devices at least once per year, independent of scheduled legislatively authorized vendor rate increases. Rates remain effective until the next rate change.

## **Specific Reimbursement for P&O Devices**

**[Refer to WAC 388-543-2700]**

- The Department's reimbursement for a P&O device includes the cost of any necessary molds.
- The Department's hospital reimbursement rate includes any P&O devices required for surgery and/or placed during the hospital stay.
- Reimbursement for gender dysphoria surgery includes payment for all related prosthetics and supplies.

## **Purchased P&O Devices and Related Supplies**

**[Refer to WAC 388-543-1500]**

- P&O devices and related supplies that the Department purchases for a client are the client's property. The Department reimbursement for covered P&O devices and related supplies includes all of the following:
  - ✓ Any adjustments or modifications to the equipment that are required within three months of the date of delivery. This does not apply to adjustments required because of changes in the client's medical condition;
  - ✓ Fitting and set-up; and
  - ✓ Instruction to the client or client's caregiver in the appropriate use of the equipment, device, and/or supplies.
- The Department requires a provider to furnish to the Department clients only new equipment that includes full manufacturer and dealer warranties.

- The Department charges the dispensing provider for any costs it incurs to have another provider repair equipment if all of the following apply:
  - ✓ The dispensing provider is unwilling or unable to fulfill the warranty; and
  - ✓ The client still needs the equipment.
- The Department rescinds purchase orders for the following reasons:
  - ✓ If the equipment was not delivered to the client before the client:
    - Dies;
    - Loses medical eligibility;
    - Becomes covered by a hospice agency; or
    - Becomes covered by a Department managed care plan.
  - ✓ A provider may incur extra costs for customized equipment that may not be easily resold. In these cases, for purchase orders rescinded per the stipulations listed above, the Department may pay the provider an amount it considers appropriate to help defray these extra costs. The Department requires the provider to submit justification sufficient to support such a claim.
  - ✓ A client may become a managed care plan client before the Department completes the purchase of prescribed medical equipment. If this occurs:
    - The Department rescinds the purchase order until the managed care primary care provider (PCP) evaluates the client; then
    - The Department requires the PCP to write a new prescription if the PCP determines the equipment is still medically necessary (see *Definitions & Abbreviations*); then
    - The managed care plan's applicable reimbursement policies apply to the purchase or rental of the equipment.

**Note:** P&O devices placed during an inpatient hospital stay **are** included in the hospital reimbursement rate. The Department does **not** reimburse separately under these circumstances.

## Fee Schedule

You may view The Department/HRSA **Prosthetic and Orthotic Devices Fee Schedule** on-line at:  
<http://hrsa.dshs.wa.gov/RBRVS/Index.html#p>

# Billing and Claim Forms

## What Are the General Billing Requirements?

Providers must follow the Department/HRSA *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html). These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Department for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

## Completing the CMS-1500 Claim Form

**Note:** Refer to the Department/HRSA *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for general instructions on completing the CMS-1500 Claim Form.

The following CMS-1500 Claim Form instructions relate to P&O Devices providers:

Field No.	Name	Entry												
24B	Place of Service	These are the only appropriate code(s) for this billing instruction: <table><tr><th><u>Code</u></th><th><u>To Be Used For</u></th></tr><tr><td>12</td><td>Client's residence</td></tr><tr><td>13</td><td>Assisted living facility</td></tr><tr><td>32</td><td>Nursing facility</td></tr><tr><td>31</td><td>Skilled nursing facility</td></tr><tr><td>99</td><td>Other</td></tr></table>	<u>Code</u>	<u>To Be Used For</u>	12	Client's residence	13	Assisted living facility	32	Nursing facility	31	Skilled nursing facility	99	Other
<u>Code</u>	<u>To Be Used For</u>													
12	Client's residence													
13	Assisted living facility													
32	Nursing facility													
31	Skilled nursing facility													
99	Other													



## How Do I Submit Professional Services on a CMS-1500 Claim Form for Medicare Crossovers?

For services paid for, and/or applied to, the deductible by Medicare:

- Medicare should forward the claim to the Department. If the claim is not received by the Department, please resolve that issue prior to billing a paper claim to reduce the possibility of claim denial and the need to resubmit.
- Complete the claim form as if billing for a non-Medicare client.
- Always attach the Medicare Explanation of Medicare Benefits (EOMB).
- Do not indicate any payment made by Medicare in field 29. Enter only payments made by non-Medicare, third-party payers (e.g., Blue Cross) in field 29 and attach the Explanation of Benefits (EOB).

**Note:** If Medicare allowed/paid on some services and denied other services, the allowed/paid services must be billed on a different claim than the denied services.

**Exception:** When billing crossover claims for Indian Health Services, follow the instructions in the Department's current *Tribal Health Program Billing Instructions*.

## **What Does the Department Require from the Provider-Generated EOMB to Process a Crossover Claim?**

**Header-level information on the EOMB must include all the following:**

- “Medicare” as the identified payer;
- The Medicare claim paid or process date;
- The client’s name (if not in the column level);
- Medicare Reason codes; and
- Text in font size 12 or greater.

**Column-level labels on the EOMB for the 1500 Claim Form must include all the following:**

- Client’s name;
- Date of service;
- Number of service units (whole number) (NOS);
- Procedure code (PROC);
- Modifiers (MODS);
- Billed amount;
- Allowed amount;
- Deductible;
- Amount paid by Medicare (PROV PD);
- Medicare Adjustment reason codes and remark codes; and
- Text in font size 12.